

SANTIKARAM ASSOCIATION SLOVAKIA
APPLICATION FOR MEDITATION RETREAT
(Fill in CAPITAL LETTERS)

Place: SANTIKARAM FOREST TEMPLE, STRANSKE 290, 013 13, SLOVAKIA

Meditation retreat (D/M/Y): from:...../...../..... to:...../...../.....

Name:	Surname:	Age:	Sex:
Address:	Phone number: E-mail:	Date of birth:	Occupation:

Contact a loved one in case of emergency:

Name:	Surname:	Phone number:
Address:		E-mail:

1. Have you attended a meditation retreat or course in the past? YES NO
If yes, write what type of meditation retreat or course it was, and where and when you attended it:

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2. Do you practice/have you practiced any kind of mental exercise, hypnosis psychotherapy or alternative treatment? YES NO
If yes, please indicate the type of exercise or therapy and the duration of the practice:

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3. Do you suffer/have you suffered from any mental illnesses or disorders? YES NO
(For example, anxiety, panic attack, depression, schizophrenia, obsessive-compulsive disorder, or others.)
If yes, please state the type of disorder, method of treatment and current status:

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4. Do you use/have you used any psychopharmaceuticals? YES NO
If yes, please state the name of the drug(s) and the period of use:

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5. Do you use/have you used any drugs (eg marijuana, ayahuasca, amphetamine, meth, ecstasy, LSD, cocaine, heroin, alcohol, or other drugs)? YES NO
If yes, please state the type of drug and duration of use:

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6. Do you suffer from any physical disability, illness or pain? YES NO
If yes, state what kind of disability, illness or pain it is:

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With my signature, I confirm that I have read the application carefully, filled it in according to the facts, and that the above information is true. I agree to abide by the rules and regulations of the Santikaram Forest Temple and follow the instructions of the organizers during the meditation retreat. I understand that the meditation retreat is a serious mental training that will require my full mental and physical health and I confirm that I am fit to participate in it. At the same time, I confirm that I undertake the meditation retreat on the basis of my own decision, without coercion by another person and at my own risk.

With my signature, I also agree to the storage and handling of the above-mentioned personal data, in accordance with the Personal Data Protection Principles of Santikaram Association Slovakia.

In (city/village):	Date:	Signature:
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